

## **SUPPLEMENTAL APPLICATION DATA SHEET**

### **Application Information**

|                                  |                                                                                                  |
|----------------------------------|--------------------------------------------------------------------------------------------------|
| Application number::             | <u>10/517,741</u>                                                                                |
| Filing Date::                    | <u>January 30, 2006</u>                                                                          |
| Application Type::               | Regular                                                                                          |
| Subject Matter::                 | Utility                                                                                          |
| Suggested classification::       |                                                                                                  |
| Suggested Group Art Unit::       |                                                                                                  |
| CD-ROM or CD-R?::                |                                                                                                  |
| Number of CD disks::             |                                                                                                  |
| Number of copies of CDs::        |                                                                                                  |
| Sequence submission?::           | CRF                                                                                              |
| Computer Readable Form (CRF)?::  | Yes                                                                                              |
| Number of copies of CRF::        |                                                                                                  |
| Title ::                         | METHOD AND NUCLEIC ACIDS FOR THE<br>IMPROVED TREATMENT OF BREAST CELL<br>PROLIFERATIVE DISORDERS |
| Attorney Docket Number::         | 47675-93                                                                                         |
| Request for Early Publication?:: | No                                                                                               |
| Request for Non-Publication?::   | No                                                                                               |
| Suggested Drawing Figure::       |                                                                                                  |
| Total Drawing Sheets::           |                                                                                                  |
| Small Entity?::                  | Yes                                                                                              |
| Petition included?::             | No                                                                                               |
| Petition Type::                  |                                                                                                  |
| Licensed U.S. Gov't Agency::     | No                                                                                               |
| Contract or Grant No::           |                                                                                                  |

Secrecy Order in Parent Appl.?: No

### First Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NL  
Status:: Full capacity  
Given Name:: John  
Middle Name::  
Family Name:: Foekens  
Name Suffix::  
City of Residence:: Rotterdam  
State or Province of Residence::  
Country of Residence:: NL  
Street of mailing address:: Filosofentuin 35  
City of mailing address:: Rotterdam  
State or Province of mailing address::  
Country of mailing address:: NL  
Postal or Zip Code of mailing address:: 2908 XA

### Second Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full capacity  
Given Name:: Nadia  
Middle Name::  
Family Name:: Harbeck  
Name Suffix::

|                                         |                      |
|-----------------------------------------|----------------------|
| City of Residence::                     | Otterfing            |
| State or Province of Residence::        |                      |
| Country of Residence::                  | DE                   |
| Street of mailing address::             | Palnkamer Strasse 49 |
| City of mailing address::               | Otterfing            |
| State or Province of mailing address::  |                      |
| Country of mailing address::            | DE                   |
| Postal or Zip Code of mailing address:: | 83624                |

### **Third Applicant Information**

|                                         |                      |
|-----------------------------------------|----------------------|
| Applicant Authority Type::              | Inventor             |
| Primary Citizenship Country::           | DE                   |
| Status::                                | Full authority       |
| Given Name::                            | Thomas               |
| Middle Name::                           |                      |
| Family Name::                           | Koenig               |
| Name Suffix::                           |                      |
| City of Residence::                     | Berlin               |
| State or Province of Residence::        |                      |
| Country of Residence::                  | DE                   |
| Street of mailing address::             | Skalitzer Strasse 18 |
| City of mailing address::               | Berlin               |
| State or Province of mailing address::  |                      |
| Country of mailing address::            | DE                   |
| Postal or Zip Code of mailing address:: | 10999                |

#### Fourth Applicant Information

|                                         |                         |
|-----------------------------------------|-------------------------|
| Applicant Authority Type::              | Inventor                |
| Primary Citizenship Country::           | DE                      |
| Status::                                | Full authority          |
| Given Name::                            | Sabine                  |
| Middle Name::                           |                         |
| Family Name::                           | Maier                   |
| Name Suffix::                           |                         |
| City of Residence::                     | <u>Brussels</u>         |
| State or Province of Residence::        |                         |
| Country of Residence::                  | <u>BE</u>               |
| Street of mailing address::             | <u>Rue d'Espagne 93</u> |
| City of mailing address::               | <u>Brussels</u>         |
| State or Province of mailing address::  |                         |
| Country of mailing address::            | <u>BE</u>               |
| Postal or Zip Code of mailing address:: | <u>1060</u>             |

#### Fifth Applicant Information

|                                  |                |
|----------------------------------|----------------|
| Applicant Authority Type::       | Inventor       |
| Primary Citizenship Country::    | NL             |
| Status::                         | Full authority |
| Given Name::                     | John           |
| Middle Name::                    | <u>W.</u>      |
| Family Name::                    | Martens        |
| Name Suffix::                    |                |
| City of Residence::              | Rotterdam      |
| State or Province of Residence:: |                |

|                                         |                 |
|-----------------------------------------|-----------------|
| Country of Residence::                  | NL              |
| Street of mailing address::             | Schiekade 121 h |
| City of mailing address::               | Rotterdam       |
| State or Province of mailing address::  |                 |
| Country of mailing address::            | NL              |
| Postal or Zip Code of mailing address:: | <u>3033 BK</u>  |

### **Sixth Applicant Information**

|                                         |                           |
|-----------------------------------------|---------------------------|
| Applicant Authority Type::              | Inventor                  |
| Primary Citizenship Country::           | DE                        |
| Status::                                | Full authority            |
| Given Name::                            | Fabian                    |
| Middle Name::                           |                           |
| Family Name::                           | Model                     |
| Name Suffix::                           |                           |
| City of Residence::                     | Berlin                    |
| State or Province of Residence::        |                           |
| Country of Residence::                  | DE                        |
| Street of mailing address::             | <u>Debenzerstrasse 73</u> |
| City of mailing address::               | Berlin                    |
| State or Province of mailing address::  |                           |
| Country of mailing address::            | DE                        |
| Postal or Zip Code of mailing address:: | 12683                     |

### **Seventh Applicant Information**

|                                         |                         |
|-----------------------------------------|-------------------------|
| Applicant Authority Type::              | Inventor                |
| Primary Citizenship Country::           | DE                      |
| Status::                                | Full authority          |
| Given Name::                            | Inko                    |
| Middle Name::                           |                         |
| Family Name::                           | Nimmrich                |
| Name Suffix::                           |                         |
| City of Residence::                     | Berlin                  |
| State or Province of Residence::        |                         |
| Country of Residence::                  | DE                      |
| Street of mailing address::             | Heinz-Kapelle-Strasse 9 |
| City of mailing address::               | Berlin                  |
| State or Province of mailing address::  |                         |
| Country of mailing address::            | DE                      |
| Postal or Zip Code of mailing address:: | 10407                   |

### **Eighth Applicant Information**

|                                  |                |
|----------------------------------|----------------|
| Applicant Authority Type::       | Inventor       |
| Primary Citizenship Country::    | DE             |
| Status::                         | Full authority |
| Given Name::                     | Tamas          |
| Middle Name::                    |                |
| Family Name::                    | Rujan          |
| Name Suffix::                    |                |
| City of Residence::              | Berlin         |
| State or Province of Residence:: |                |

|                                         |                          |
|-----------------------------------------|--------------------------|
| Country of Residence::                  | DE                       |
| Street of mailing address::             | <u>Muehsamstrasse 64</u> |
| City of mailing address::               | Berlin                   |
| State or Province of mailing address::  |                          |
| Country of mailing address::            | DE                       |
| Postal or Zip Code of mailing address:: | <u>10249</u>             |

### **Ninth Applicant Information**

|                                         |                      |
|-----------------------------------------|----------------------|
| Applicant Authority Type::              | Inventor             |
| Primary Citizenship Country::           | DE                   |
| Status::                                | Full authority       |
| Given Name::                            | Armin                |
| Middle Name::                           |                      |
| Family Name::                           | Schmitt              |
| Name Suffix::                           |                      |
| City of Residence::                     | Berlin               |
| State or Province of Residence::        |                      |
| Country of Residence::                  | DE                   |
| Street of mailing address::             | Hortensienstrasse 29 |
| City of mailing address::               | Berlin               |
| State or Province of mailing address::  |                      |
| Country of mailing address::            | DE                   |
| Postal or Zip Code of mailing address:: | 12203                |

### **Tenth Applicant Information**

|                                         |                         |
|-----------------------------------------|-------------------------|
| Applicant Authority Type::              | Inventor                |
| Primary Citizenship Country::           | DE                      |
| Status::                                | Full authority          |
| Given Name::                            | Manfred                 |
| Middle Name::                           |                         |
| Family Name::                           | Schmitt                 |
| Name Suffix::                           |                         |
| City of Residence::                     | Munich                  |
| State or Province of Residence::        |                         |
| Country of Residence::                  | DE                      |
| Street of mailing address::             | Hohenaschauerstrasse 10 |
| City of mailing address::               | Munich                  |
| State or Province of mailing address::  |                         |
| Country of mailing address::            | DE                      |
| Postal or Zip Code of mailing address:: | 81669                   |

### **Eleventh Applicant Information**

|                                  |                |
|----------------------------------|----------------|
| Applicant Authority Type::       | Inventor       |
| Primary Citizenship Country::    | NL             |
| Status::                         | Full authority |
| Given Name::                     | Maxime         |
| Middle Name::                    | P.             |
| Family Name::                    | Look           |
| Name Suffix::                    |                |
| City of Residence::              | Amsterdam      |
| State or Province of Residence:: |                |



|                                         |                      |
|-----------------------------------------|----------------------|
| Country of Residence::                  | NL                   |
| Street of mailing address::             | Stade de Colombes 55 |
| City of mailing address::               | Amsterdam            |
| State or Province of mailing address::  |                      |
| Country of mailing address::            | NL                   |
| Postal or Zip Code of mailing address:: | <u>1098 VS</u>       |

## Twelfth Applicant Information

|                                         |                          |
|-----------------------------------------|--------------------------|
| Applicant Authority Type::              | Inventor                 |
| Primary Citizenship Country::           | DE                       |
| Status::                                | Full authority           |
| Given Name::                            | Almuth                   |
| Middle Name::                           |                          |
| Family Name::                           | Marx                     |
| Name Suffix::                           |                          |
| City of Residence::                     | <u>Nuernberg</u>         |
| State or Province of Residence::        |                          |
| Country of Residence::                  | DE                       |
| Street of mailing address::             | <u>Viatissstrasse 88</u> |
| City of mailing address::               | <u>Nuernberg</u>         |
| State or Province of mailing address::  |                          |
| Country of mailing address::            | DE                       |
| Postal or Zip Code of mailing address:: | <u>90480</u>             |

### Thirteenth Applicant Information

|                                         |                      |
|-----------------------------------------|----------------------|
| Applicant Authority Type::              | Inventor             |
| Primary Citizenship Country::           | AT                   |
| Status::                                | Full authority       |
| Given Name::                            | Heinz                |
| Middle Name::                           |                      |
| Family Name::                           | Hoefler              |
| Name Suffix::                           |                      |
| City of Residence::                     | Munich               |
| State or Province of Residence::        |                      |
| Country of Residence::                  | DE                   |
| Street of mailing address::             | Ismaningerstrasse 64 |
| City of mailing address::               | Munich               |
| State or Province of mailing address::  |                      |
| Country of mailing address::            | DE                   |
| Postal or Zip Code of mailing address:: | 81675                |

### Correspondence Information

|                                         |                     |
|-----------------------------------------|---------------------|
| Correspondence Customer Number::        | <b>22504</b>        |
| Name::                                  |                     |
| Street of mailing address::             |                     |
| City of mailing address::               |                     |
| State or Province of mailing address::  |                     |
| Country of mailing address::            |                     |
| Postal or Zip Code of mailing address:: |                     |
| Phone number::                          | <u>206-757-8023</u> |
| Fax Number:                             |                     |

E-Mail address::

barrydavison@dwt.com

### Representative Information

|                                  |  |              |
|----------------------------------|--|--------------|
| Representative Customer Number:: |  | <b>22504</b> |
|----------------------------------|--|--------------|

### Domestic Priority Information

|                  |                   |                      |                      |
|------------------|-------------------|----------------------|----------------------|
| Application ::   | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This application | National stage of | PCT/EP2003/010881    | 10/01/03             |
|                  |                   |                      |                      |

### Foreign Priority Information

|           |                      |               |                    |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
| DE        | 10245779.4           | 10/01/02      | Yes                |
| DE        | 10300096.8           | 01/07/03      | Yes                |
| DE        | 10317955.0           | 04/17/03      | Yes                |

### Assignee Information

|                                         |                                     |
|-----------------------------------------|-------------------------------------|
| Assignee name::                         | <u>Epigenomics AG</u>               |
| Street of mailing address::             | <u>Kleine Praesidentenstrasse 1</u> |
| City of mailing address::               | <u>Berlin</u>                       |
| State or Province of mailing address::  |                                     |
| Country of mailing address::            | <u>DE</u>                           |
| Postal or Zip Code of mailing address:: | <u>10178</u>                        |